

COUNTY OF LOS ANGELES
SHERIFF'S DEPARTMENT
"A Tradition of Service Since 1850"


OFFICE CORRESPONDENCE

DATE: November 17, 2016
FILE:

FROM: 
JOHN S. BENEDICT, COMMANDER
NORTH PATROL DIVISION

TO: JENNIFER L. BATEMAN, CAPTAIN
TRANSIT BUREAU NORTH

SUBJECT: EXECUTIVE FORCE REVIEW COMMITTEE FINDINGS

Case Number:	SH2380778
Incident:	Hit Shooting
Incident Date:	June 1, 2015
Unit:	Transit Bureau North
Suspect(s):	Morriss, Jeffrey MW/051363
Involved Employees:	Sergeant Randolph Springer # 
EFRC Date:	November 17, 2016

The Executive Force Review Committee (EFRC) consisting of Commanders Darrell B. Bolin, John S. Benedict, and David E. Halm met and reviewed the above case.

FINDINGS:

The EFRC determined the use of force and tactics were both within Department policy.

RECOMMENDATIONS:

The EFRC made no recommendations.

JSB:TLB:tlb

Los Angeles County Sheriff's Department

Officer Involved Shooting

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Report Date: 06-10-2015		Bureau/Station/Facility: Transit Policing Division/Transit Services North		Admin. Invest.? <input type="checkbox"/> Hit? <input checked="" type="checkbox"/>	
Incident Information					
URN: 015-03181-6713-013		Date: 06-01-2015		Time: 1744	
City or Station: Van Nuys		Nature of Incident: Sgt Springer traveled e/b on the Orange Line Busway & stopped for a traffic signal at Densmore Ave. While stopped Springer saw the susp on the n/w corner point a rifle at him. Springer fired once.			
Location: Orange Line Busway / Densmore Avenue					
Location Type (check one or more): <input type="checkbox"/> Backyard <input type="checkbox"/> Beach <input type="checkbox"/> Business <input type="checkbox"/> Freeway <input type="checkbox"/> Industrial <input type="checkbox"/> Park <input type="checkbox"/> Parking Lot <input type="checkbox"/> Residence <input type="checkbox"/> Rural <input type="checkbox"/> School <input type="checkbox"/> Street Other: Busway		Lighting (check only one): <input type="checkbox"/> Darkness <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Other <input type="checkbox"/> Street Lights Weather (circle only one): <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog <input type="checkbox"/> Rain Distance: 20 feet		Incident Type (check one or more): <input type="checkbox"/> Accidental <input checked="" type="checkbox"/> Armed Person <input type="checkbox"/> Fleeing Suspect <input type="checkbox"/> Foot Pursuit <input type="checkbox"/> Gun Take Away <input type="checkbox"/> Moving Vehicle <input type="checkbox"/> Sniper/Ambush <input type="checkbox"/> Startle <input type="checkbox"/> Struggle Involved <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Unarmed Person <input type="checkbox"/> Unintentional <input type="checkbox"/> Vehicle Pursuit <input type="checkbox"/> Warrant Service <input type="checkbox"/> Warning Shot Other:	
Total # of Shots Fired by Deputy: 1		Total # of Shots Fired by Suspect: 0		Initiated by (check only one): <input type="checkbox"/> Arrest Warrant <input type="checkbox"/> Call <input checked="" type="checkbox"/> Observation <input type="checkbox"/> One Person Unit <input type="checkbox"/> Other <input type="checkbox"/> Search Warrant <input type="checkbox"/> Two Person Unit Prior Activity (check only one): <input type="checkbox"/> Detective <input type="checkbox"/> Inmate Transport <input type="checkbox"/> Other <input checked="" type="checkbox"/> Routine Patrol Aero Unit? <input type="checkbox"/> Canine Unit? <input type="checkbox"/>	
Employee Witnesses					
Employee #	Last Name	First Name	M.I.	Shift Time (check only one)	Shift Type (check only one)
	Aimaq	Salim	S.	<input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day	<input type="checkbox"/> Regular <input checked="" type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Employee #	Last Name	First Name	M.I.	Shift Time (check only one)	Shift Type (check only one)
	Perez	Gabriel	M.	<input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day	<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Employee #	Last Name	First Name	M.I.	Shift Time (check only one)	Shift Type (check only one)
				<input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day	<input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Non-Employee Witnesses					
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Supervisors					
Employee #	Last Name	First Name	M.I.	(check one or more):	
	Springer	Randolph	L.	<input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Present during shooting <input type="checkbox"/> Witness to shooting <input checked="" type="checkbox"/> Involved in shooting	
Employee #	Last Name	First Name	M.I.	(check one or more):	
				<input type="checkbox"/> On Duty <input type="checkbox"/> Present during shooting <input type="checkbox"/> Witness to shooting <input type="checkbox"/> Involved in shooting	
Watch Sergeant					
Employee #	Last Name	First Name	M.I.		
	Robocinski	Jarroslaw	N.M.N.		
Watch Commander					
Employee #	Last Name	First Name	M.I.		
	Maldonado	Albert	M.		

PSTD Use Only

SH # 2380778

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Rollout Information							
Arrival Date	06-01-15	Arrival Time	2000	Date Submitted	09-08-2016	Date of Recommendation	
Employee #		Last Name	Weber	First Name	Todd	M.I.	P.
Employee #		Last Name	Pearcy	First Name	Kevin	M.I.	R.
Employee #		Last Name	Flores	First Name	Carlos	M.I.	E.
Shooting / Force Information							

Method

(AW)	Arwen	(OV)	Other Weapon: Vehicle
(BC)	Baton:(Control)	(OO)	Other Weapon: Blunt Object
(BI)	Baton:(Impact)	(OB)	Other Weapon: Other
(BF)	Bodily Fluids	(PK)	Personal Weapon: Feet/Leg: (Kick)
(CN)	Canine	(PS)	Personal Weapon: Feet/Leg: (Sweep)
(CR)	Carotid Restraint	(PH)	Personal Weapon (Hand/Arm)
(CH)	Choke Hold	(PP)	Personal Weapon (Push)
(CT)	Control Holds:(Control Techniques)	(PO)	Personal Weapon (Other)
(TT)	Control Holds:(Team Takedown)	(RS)	Resistance
(TD)	Control Holds:(Takedown)	(CN)	Restraint Device (Capture Net)
(CE)	Chemical	(RH)	Restraint Device (Handcuffs)
(OC)	Chemical Agents (OC Spray)	(HB)	Restraint Device:Hobble (Legs Only)
(TG)	Chemical Agents (Tear Gas)	(TP)	Restraint Device:Hobble (TARP)
(EX)	Explosives	(RE)	Restraint Device: REACT Belt
(FH)	Firearm (Handgun)	(SP)	Sap
(FR)	Firearm (Rifle)	(SH)	Shield
(FS)	Firearm (Shotgun)	(SG)	37mm Stinger
(FO)	Firearm (Other)	(SB)	Sting Ball
(FB)	Flashbang	(ST)	Stun Bag
(FL)	Flashlight	(TR)	Taser
(OE)	Other Weapon: Edged	(UC)	Uncooperative

Type of Injury

(AB)	Abrasion
(BR)	Bruise
(BU)	Burn
(CP)	Complaint of Pain
(CO)	Concussion
(DH)	Death
(DI)	Dislocation
(DB)	Dog Bite
(FR)	Fractures
(GS)	Gunshot
(HB)	Human Bite
(LC)	Lacerations
(ND)	Nerve Damage
(OD)	Organ Damage
(PA)	Paralysis
(PW)	Puncture Wound
(SD)	Soft Tissue Damage
(ST)	Sprain/Twists
(UN)	Unconscious
(RM)	Refused Med Treatment
(NN)	NONE

Body Part Injured

(AD)	Abdomen
(AK)	Ankle
(AR)	Arm
(BK)	Back
(BT)	Buttocks
(CH)	Chest
(EL)	Elbow
(FA)	Face
(FE)	Feet
(FI)	Fingers
(GE)	Genitals
(GR)	Groin
(HD)	Hand
(HE)	Head
(HI)	Hip
(IN)	Internal
(KN)	Knees
(LE)	Leg
(NK)	Neck
(SH)	Shoulder
(WR)	Wrist

Brand

(AK)	AK-47	(JE)	Jennings	(SW)	Smith & Wesson
(BN)	Benelli	(LO)	Lorcin	(SR)	Sturm Ruger
(BR)	Beretta	(LU)	Luger	(SS)	SIG Sauer
(BW)	Browning	(MA)	Martin	(ST)	Sterling
(CH)	Charter Arms	(MO)	Mossberg	(TA)	Taurus
(CO)	Colt	(NC)	NCI aka SKS	(WE)	Weatherby
(DA)	Davis Industries	(NA)	North American	(WN)	Winchester
(GL)	Glock	(NO)	Nonno	(US)	US Government
(HA)	Harrington & Richardson	(RA)	Raven	(YY)	Handmade (Inmate)
(HI)	Hi Standard	(RM)	Remington	(XX)	Homemade (Non-Inmate)
(HK)	H & K	(RG)	RG	(ZZ)	Other Brand
(IT)	Ithaca	(RI)	RGI		

Caliber

(9)	9 mm	(24)	.243 caliber	(41)	.410 gauge
(10)	10 mm	(25)	.25 caliber	(44)	.44 caliber
(12)	12 gauge	(30)	.308 caliber	(45)	.45 caliber
(20)	20 gauge	(35)	.357 caliber	(50)	50 mm
(21)	.22-250	(36)	30-60 caliber	(5L)	Slug
(22)	.22 caliber	(38)	.38 caliber	(VVV)	Other caliber
(23)	.223 caliber	(40)	.40 caliber		

FORCE APPLIED (one code per block)

[illegible]

Officer Involved Shooting Involved Employee Information

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Involved Employee												
E 1	Employee #	Last Name			Springer		First Name		Randolph		M.I.	L.
	Sex: M	Race: W	Rank: Sergeant		Unit Assignment: Chatsworth		Work Assignment (Unit #, Module, etc.): 688S					
	ShiftTime (circle only one) <input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one) <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:					
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>			
	Hrs of sleep prior to shooting: Cannot recall		Duty Time (hrs):		Clothing (circle only one) <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Raid Jacket no Vest <input checked="" type="checkbox"/> Raid Jacket w/ Vest		Other Factors:					
	Age:	Height: 6'00"	Weight: 215 lbs		Uniform no Vest <input type="checkbox"/> Uniform w/ Vest <input checked="" type="checkbox"/>							
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:							
	Certified with Weapon Used? <input type="checkbox"/>	Patrol Certification? <input type="checkbox"/>	Certification Unit:		Prior Shootings? <input type="checkbox"/>	Number of Prior Shootings:	Directed Force:					
	Weapons Fired Brand: S&W		Caliber: 9MM	# Shots: 1	Weapons Fired Brand:		Caliber:	# Shots:				
	Field Training Officer Emp #		Last Name		First Name		M.I.					
	Field Training Officer Emp #		Last Name		First Name		M.I.					
E	Employee #	Last Name					First Name				M.I.	
	Sex:	Race:	Rank:		Unit Assignment:		Work Assignment (Unit #, Module, etc.):					
	ShiftTime (circle only one) <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one) <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:					
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>			
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one) <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Raid Jacket w/ Vest		Other Factors:					
	Age:	Height:	Weight:		Uniform no Vest <input type="checkbox"/> Uniform w/ Vest <input type="checkbox"/>							
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:							
	Certified with Weapon Used? <input type="checkbox"/>	Patrol Certification? <input type="checkbox"/>	Certification Unit:		Prior Shootings? <input type="checkbox"/>	Number of Prior Shootings:	Directed Force:					
	Weapons Fired Brand:		Caliber:	# Shots:	Weapons Fired Brand:		Caliber:	# Shots:				
	Field Training Officer Emp #		Last Name		First Name		M.I.					
	Field Training Officer Emp #		Last Name		First Name		M.I.					
E	Employee #	Last Name					First Name				M.I.	
	Sex:	Race:	Rank:		Unit Assignment:		Work Assignment (Unit #, Module, etc.):					
	ShiftTime (circle only one) <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one) <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:					
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>			
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one) <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Raid Jacket w/ Vest		Other Factors:					
	Age:	Height:	Weight:		Uniform no Vest <input type="checkbox"/> Uniform w/ Vest <input type="checkbox"/>							
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:							
	Certified with Weapon Used? <input type="checkbox"/>	Patrol Certification? <input type="checkbox"/>	Certification Unit:		Prior Shootings? <input type="checkbox"/>	Number of Prior Shootings:	Directed Force:					
	Weapons Fired Brand:		Caliber:	# Shots:	Weapons Fired Brand:		Caliber:	# Shots:				
	Field Training Officer Emp #		Last Name		First Name		M.I.					
	Field Training Officer Emp #		Last Name		First Name		M.I.					

Officer Involved Shooting Suspect Information

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Suspect Information										
S 1	Last Name				Morris		First Name		Jeffrey	M.I. A.
	AKA Last Name						First Name			M.I.
	Sex: M	Race: W	Street Address		City		State & Zip Code			
	Work Phone		Home Phone		Social Security #		Driver's License #			
	Age: 52	D.O.B. 05-13-63	Height: 5'11"	Weight: 195	FBI #		CII #			
	Booking # 4342953		Primary Charge: 245(C)P.C.				Secondary Charge:			
	Coroner Case? <input type="checkbox"/>		Coroner Case #		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Armed? <input checked="" type="checkbox"/>		Apprehended? <input checked="" type="checkbox"/>		Mental Illness? <input type="checkbox"/>		Criminal History? <input type="checkbox"/>			
	Vehicle Make		Model:	Year:	Parole:	Probation:	Prior Felony Conviction:			
S	Last Name						First Name			M.I.
	AKA Last Name						First Name			M.I.
	Sex:	Race:	Street Address:		City		State & Zip Code:			
	Work Phone:		Home Phone:		Social Security #:		Driver's License #:			
	Age:	D.O.B.:	Height:	Weight:	FBI #		CII #			
	Booking #		Primary Charge:				Secondary Charge:			
	Coroner Case? <input type="checkbox"/>		Coroner Case #		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Armed? <input type="checkbox"/>		Apprehended? <input type="checkbox"/>		Mental Illness? <input type="checkbox"/>		Criminal History? <input type="checkbox"/>			
	Vehicle Make		Model:	Year:	Parole:	Probation:	Prior Felony Conviction:			
S	Last Name						First Name			M.I.
	AKA Last Name						First Name			M.I.
	Sex:	Race:	Street Address:		City		State & Zip Code:			
	Work Phone:		Home Phone:		Social Security #:		Driver's License #:			
	Age:	D.O.B.:	Height:	Weight:	FBI #		CII #			
	Booking #		Primary Charge:				Secondary Charge:			
	Coroner Case? <input type="checkbox"/>		Coroner Case #		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Armed? <input type="checkbox"/>		Apprehended? <input type="checkbox"/>		Mental Illness? <input type="checkbox"/>		Criminal History? <input type="checkbox"/>			
	Vehicle Make		Model:	Year:	Parole:	Probation:	Prior Felony Conviction:			
S	Last Name						First Name			M.I.
	AKA Last Name						First Name			M.I.
	Sex:	Race:	Street Address:		City		State & Zip Code:			
	Work Phone:		Home Phone:		Social Security #:		Driver's License #:			
	Age:	D.O.B.:	Height:	Weight:	FBI #		CII #			
	Booking #		Primary Charge:				Secondary Charge:			
	Coroner Case? <input type="checkbox"/>		Coroner Case #		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Armed? <input type="checkbox"/>		Apprehended? <input type="checkbox"/>		Mental Illness? <input type="checkbox"/>		Criminal History? <input type="checkbox"/>			
	Vehicle Make		Model:	Year:	Parole:	Probation:	Prior Felony Conviction:			